

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000082327

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: TRINICK & ASSOCIATES, INC.

Current Principal Place of Business:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33549

New Principal Place of Business:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33548

Current Mailing Address:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33549

New Mailing Address:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33548

FEI Number: 59-3539285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINICKER, TOMMY L
15928 ROVER CLIFFE DR
LUTZ, FL 33549

Name and Address of New Registered Agent:

RINICKER, TOMMY L
15928 DOVER CLIFFE DR
LUTZ, FL 33548

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RINICKER, TOMMY L
Address: 15928 DOVER CLIFFE DR
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: RINICKER, ELAINE A
Address: 15928 DOVER CLIFFE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RINICKER, TOMMY L
Address: 15928 DOVER CLIFFE DR
City-St-Zip: LUTZ, FL 33548

Title: S (X) Change () Addition
Name: RINICKER, ELAINE A
Address: 15928 DOVER CLIFFE DR
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY L. RINICKER

PRES

04/17/2002

Electronic Signature of Signing Officer or Director

Date